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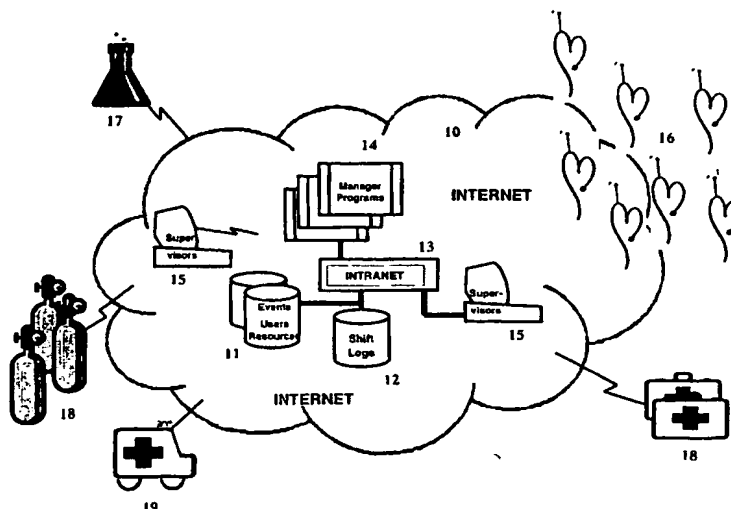
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(54) Title: SYSTEM FOR MAINTENANCE AND MANAGEMENT OF HEALTH



(57) Abstract: A Mobile Tele-Medical Maintenance system (MTMM system) applying different IT methods to perform different functions for the tele-medical maintenance of large numbers of individuals. The MTMM system includes a system kernel residing on web servers, linked to a large number of peripheral units on the individuals. The kernel containing the collection of all the "Private Medical Web Sites" and "Personal Health Plans" of the individuals. The MTMM system periphery including walk-in care offices and intelligent physio-logical sensors that can communicate directly with the kernel's programs via the Internet or similar communication networks, preferably using the user's phone and its traditional interfaces, message display plus message voice, and push-button plus voice input. The system kernel controlling directly actuators in the periphery and using message display and message voice output of the telephone to interact with the individual.

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System for maintenance and management of health

FIELD OF THE INVENTION

5 The present invention relates generally to systems for maintenance and management of health for individual patients with Communication Systems for remote monitoring and controlling of large collections of individuals, persons or devices, and to Artificial Intelligence for managing and maintaining their good status and trouble-free operation.

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BACKGROUND OF THE INVENTION

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In most western societies, namely in the United States and Europe, more than 30% of the population do have serious chronic health problems that challenge them in any aspects of their daily work life, and even more and worse when they leave their home to go on travel, or try to do some sports for their health. The annual medical cost in the U.S. have soared to more than 10'000 \$ per non-healthy person. To bring down and control these costs, home healthcare and preventive healthcare have been launched and promoted by insurers and politicians, delivered by mostly small local care givers spread out over the country. The success of these programs was expected to be significant, especially when modern tools and methods of communication were designed, as described in earlier patents for different, interactive and interesting hardware systems and electronic data processing or EDP methods.

But all these efforts ran against the fact that life expectancy climbed faster than any corrective measures. Sooner or later it will add all of us to the group of persons who have to be constantly monitored. In these modern societies we mostly live single on our own with no mate in the home. And any retired people's home will only accept us, if we can still move around freely and do not have to stay and

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to be served in the bed all the time, because the next weakness or dizziness can not be predicted or immediately assessed and reacted upon.

Many tele-medical systems have been designed and described in the very details, but have not really been used wide-spread and have not contributed to successful optimization of cost and services. Main reason for this is the limited application of existing technology in hardware and software by the medical caregivers and therefore only a limited range of services are conceived and delivered.

10 SUMMARY OF THE INVENTION

Accordingly, an object of the invention is a system for the maintenance and management of health which permits an easy and complete access to all important data of the patient to be treated.

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This object of the invention is accomplished by a system with the features of Claim 1.

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The main advantage of the system according to the present invention is that all important data can be retrieved immediately at any place. So the caregivers like medical doctors, first-aid men and emergency services can immediately decide which treatment or therapy should be given.

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In systems used for the management of large industrial plants, e.g. to control and maintain large oil refineries, or systems for monitoring remote pump stations along pipelines latest sensor technology with high-speed communications and extensive Artificial Intelligence in the central supervision stations, are known for over 20 years. Repair and preventive maintenance cost have been reduced to lowest

optimized levels, while at the same time availability of the very complex plants was pushed up and can be guaranteed today to 100% over 30 years.

5 It was surprisingly found that the functions to be implemented in efficiency optimized health maintenance of large groups of individuals, spread over rural countryside are very similar to above mentioned management systems, that secure the safe and efficient operation of all the installations in a large metropolitan subway system. The medical maintenance system according to the present invention now combines the advantages of usual medical sensors and well-trained medical personnel in hospitals, doctor's offices, wide-spread walk-in stores and emergency services with the leading technical maintenance intelligence, with the most efficient and most widely used, traditional communication tool, the telephone.

15 These and other advantages of the invention are disclosed in the dependent claims and the following description in which an exemplified embodiment of the invention is described with respect to the accompanying drawings.

BRIEF DESCRIPTION OF THE DRAWINGS

Fig. 1 shows an overview of the elements of the present invention,

20 Fig. 2 shows a basic program module for monitoring and supervising,

Fig. 3 shows another module for assessing and decision making, and

Fig. 4 shows several medical sensors connected to a mobile telephone for communication with the maintenance and management system.

25 DETAILED DESCRIPTION OF ILLUSTRATIVE EMBODIMENTS

In the following description we define as 'Patients', 'Individuals' and 'Units' the individuals and the large number of distributed entities to be monitored, managed and maintained. They all have as a main property their 'Condition', defined by the

physiological data and measured through different parameters. We call 'Walk-ins' the devices, doctor's offices and labs, that measure and collect the 'Condition' data from the 'Patients' by 'Sensors' and feed the measured data into the management system.

5 We call 'Managers' the programs and 'Supervisors' and 'Caregivers' the persons who are in charge of the 'Condition' monitoring, like doctors, first-aid men and emergency services, which react on 'Events' defined as alarms, problems and the like. We call 'Resources' all the man hours, money, people, devices, energy and consumables or disposables used and spent for treatment, troubleshooting, as-
10 sistence and for teaching and maintenance of the 'Units'.

We call 'Logs' all the electronically organized and recorded inputs of measurements, actions, notes and results. And finally we call 'Reports' all the information gathered over the whole time and compiled on different purposes to satisfy general and specific information needs, from administrative functions to strategic fact-
15 finding and decision-making.

MTMM System Overview

In Figure 1 a platform of the Mobile Tele-Medical Maintenance System (MTMM) is depicted, which is a computer system with a combination of proven technology
20 process control modules, hardware and software, with a known medical knowledge base, linked via the Internet 10 and with the telephone as communication net as backbone to the distributed peripheral entities. The system kernel consists of several large databases 11 containing all the relevant data of all Patients and Resources : A 'Personal Medical Web Site' contains the data in form of an EMR
25 ('Electronic Medical Record') which is stored in a Condition Log in one of the databases 11. At the other hand the access to the EMR can be obtained via an Internet link. The system kernel resides normally on web servers and is linked to a large number of peripheral units on the individual patients.

A 'Personal Health Plan' shows all the doctor's prescriptions and recommendations to the Patient for medication, eating, physical activities, lifestyle, telephone calls to the doctor's office, etc. and the selected Condition monitoring with threshold values or limits and indications for corrective actions to caregivers should any values or limits be exceeded.

A further database 12 collects all the Condition measurements made and Event messages received, together with all the corrective actions or reactions taken and initiated by the Manager programs and the Supervisors and Caregivers, and links them to Cases, Users and Resources in a Shift Log. Also the Personal Health Plan is linked to the Shift Log.

The databases 11 and 12 are connected by and communicate over an internal network or intranet 13 with each other, directed by Manager modules 14 and Supervisors and Caregivers 15.

The kernel is surrounded by the peripherals, linked to the databases and the Manager Modules via the Internet: All the Patients, shown as 'Mobile Hearts' 16, the Walk-ins 17, the Caregivers 18 and emergency services 19. These peripherals have many ways to enter their Condition data into the databases, using e.g. smart Sensors, lab instruments and PC's, alarm buttons and help-phones, or just 'manual' typing or voice input in plain text on a terminal. Also scanners can be used to enter handwritten information, which can be transferred to machine-readable information by a known transposing program, into the databases 11.

Log Manager Module

In Figure 2 a Log Manager Module is shown, which is the basic program module of the MTMM system, doing Condition Monitoring and Supervision. All Conditions, i.e. measurements, alarms and other inputs, and Events 21 are entered and logged into the databases. All the necessary links 22 to Personal Health Plans are

updated, enabling fast retrieval and augmentation of knowledge stored in a knowledge database.

5 The Log Manager Module as a condition monitoring device assesses the data entered and, if preset limits or trends 23 have been exceeded, automatically generates alarms 24 to Supervisors, Caregivers, Patients, emergency services and other medical personnel on duty. Based on the doctors prescriptions 25 and case classifications 23 the Log Manager Module initiates calls by doctors, visits by Caregivers, medication changes by pharmacies, device exchange and maintenance
10 nance by technicians, etc.

The Log Manager Module sends the orders 26 for these corrective actions also to the human shift Supervisor who may then decide on priorities and may coordinate the actions. The Log Manager Module keeps track of all the related events, of his
15 own actions and initiations, of the Supervisors decisions, of the actions and the results feedback 27 , in a fully integrated Shift Log 28.

It is a main characteristic of the MTMM system that all the tasks can be and some have to be executed in parallel by the software Manager Modules and the human
20 Supervisors.

The Log Manager Module is an excellent tool for any shift supervision 29, also for medical supervision. No handwritten notes are necessary, all important events are always present and can be called upon directly on-screen. The planning of shifts
25 in care giving, in emergency telephone services, for ambulances and for hospitals, etc. becomes "easy" to manage.

Diagnostic Manager Module

In Figure 3 the Diagnostic Manager Module as an evaluating device is shown,
30 which is a 'knowledge driven brain' of the MTMM system, doing the assessment of Conditions and Events, taking decisions and making recommendations to the

Caregivers and the Patients for troubleshooting and treatment and keeping record of the results 35 of each action.

5 In response to alarms 31, Condition measurements 32 and descriptions 33 of problem situations, the Diagnostic Manager Module enables Supervisors, Caregivers, emergency technicians and Patients to assess the situation 34 and to identify the appropriate corrective action quickly and accurately. This module, applying usual software technologies, combines actual 'best-practice' diagnosis guidelines with a unique knowledge base from the electronic Shift Logs 36, learning and acquiring new knowledge 37 continuously.

10 With this knowledge always recallable from the Diagnostic Manager, all the Supervisors, Caregivers, emergency and shift staff are learning continuously on their job 38, reducing cost of training significantly and improving the quality of their service. Internet-based teaching can be included, linked and added to the recommended procedures.

Health Plan Manager Module

20 This is the first program in the 'Maintenance Control Cycle' and it enables the Caregivers to tailor-made their 'Teaching and Treatment' service to the Patients' individual needs, while optimizing the deployment of their resources and reduce the cost generated. But it is also the follow-up program that enables the Caregiver and the Patient to adjust their efforts and to optimize the deviation of the Condition from 'best practice' accepted standards for the Patient's sex, age, population group, job, education, activity, etc.

25 All Teaching, Treatment, medications, activities, Condition monitoring parameters with devices and actions are managed and displayed to Caregiver and Patient in a Health Plan (or Disease Management) classification system. All the different sources of services (doctors, walk-ins, care givers visits) and their care and assistance given, planned and unplanned, are selected and implemented in this

'Personal Health Plan'. For this task the Health Plan Manager Module bases on the Caregivers experience and 'best practice' guidelines but also on all company internal rules and ISO certified standards.

5 The 'Personal Health Plan' keeps the overall picture of all the service efforts done and the resulting Condition, summarized into an integral history of the Patient's health. Transitions in his 'medical life', by going to the hospital, being released to a nursing home, moving to another area and another family doctor, changing job and health insurance, etc. can be managed without transferring the patients data
10 in a old-fashioned, cumbersome way. In the MTMM system the 'Mobile Patient' can really leave home 'without it' and access his 'Private Patient Web site' and his 'Personal Health Plan' from any place in this world, while still being monitored, supervised and assisted like in his home town.

15 **Service Manager Module**

This is the module for the Caregiver's logistics organization. It enables them to monitor and optimize their highly complex, distributed and costly operations. It manages the collection of all service contracts and doctors prescriptions. It controls all preventive care and unscheduled troubleshooting events, and includes
20 them into a "integral" care cycle. It allows regular preventive care work to be scheduled, planned, ordered and monitored down to the smallest consumable needed.

All services, all devices and Resources are recorded and managed in a parts
25 classification system. This system includes all necessary information about suppliers, contracts, equipment and warranties. The same way all the patients and the care, planned and unplanned, are managed in the Health Plan Manager, the same way all peripheral entities, Devices and Resources, are maintained ready and in good condition. For this purpose the Service Manager Module also contains
30 all the information according to ISO standards and company internal rules and specs.

While the care givers work is performed, all data about type of service, problems solved, how, with which medication and material and at what cost, are entered and a special Care Service Report is generated. Findings, conclusions and actions taken are then transferred to the Diagnostic Manager's knowledge data base.

Report Manager Module

This is the evaluation and analysis program for the management of this fully integrated Health Maintenance Process. It enables continuous and periodical monitoring and classification of the activities in the electronic Shift Log, in the service orders and in other Events. This makes transparent the patients and population group's proneness to problems just as well as the cost control, hours spent and medication and consumables used.

The Report Manager Module enables monitoring the compliance of the therapies implemented and the outcome of the therapies administered. It therefore delivers the basis to all measures to improve efficiency and quality of the Care-giving process ('Teaching and Treating') throughout the whole service industry and its market.

All the data bases are of the relational type, based on standard software. It therefore is easy to add report generators to create additional, custom made reports, as well as to implement interfaces to sophisticated Management Information Systems.

Peripherals Integration

In Figure 4 the integration of peripherals is depicted. The MTMM system uses the open architecture of Internet, telephone and the so called 'RF-Piconet', which finally enables a full integration of all types of peripherals via the easy to use, omnipresent telephone link, by wire and wireless.

The telephones, mainly the new mobile phones (also built into other devices, like watches, palm PC's), shall become the favorites in personal medical condition monitoring. Installing and assigning new peripherals is easy: New users get their
5 phone with a world-wide private number (= device address). They can use it where ever they are and what ever telecom company's infrastructure they are based on.

The new mobile phones have become real Internet terminals, with which huge amounts of information can be downloaded and displayed, if necessary. They are
10 used in the MTMM system as hubs for the very small network of different intelligent Sensors on the Patients body and devices nearby in the home, the "Piconet" 43. The mobile phone can poll Condition data from the Sensors, display them, pre-assess them and transmit them on to the databases in the kernel. And all Users have been comfortable for a long time with the user-friendly guidance "if
15 you need assistance, press 0" and will also get used to high-tech voice input and voice recognition.

In most urban areas the mobile phone system enables tracking of the Patient's position down to some 50 m accuracy, an ideal tool for any Emergency Medical
20 Service but also for caring friends and family members.

The Sensors have become 'intelligent' and can communicate over the same Internet with the central Log Manager Module. In the MTMM system they download requests and limits for bio-signal acquisition and transmission and do the Condi-
25 tion monitoring. They can do basic pre-assessments of the bio-signals and can give local alarms to the Patient, if limits are exceeded. They integrate RF-Piconet transceivers (like Bluetooth) that enable them to start communication with any other device, when ever they are switched on.

The MTMM system performs thus the functions of "CSACT" : Condition monitoring, Supervision, Assessment, Communication, Treatment and Teaching. It applies different methods of signal analysis in the intelligent sensors and in the kernel to assess the actual status of the individuals, it communicates the assessment to diagnosing programs and supervisory personnel and commands the actuators, assistance personnel and the individual to treat itself and to cope with the actual situation. Using standard and Artificial Intelligence software the MTMM system will do : Alarms, immediate corrective actions, reports, logs including accounting; recalls to care providers, optimized plans for preventive check-ups and care; optimized management of all personnel, material, devices and infrastructure resources of the care givers; all sorts of statistics for any level of the medical hierarchy in politics, public and private health organizations and insurers.

Fig. 4 shows such a typical 'Piconet' 43 in the MTMM system: a mobile telephone 41 with its display 42 and special display control buttons 44, its numeric keypad 45 in order to type in values from stand-alone tests, speaker and microphone for voice output and input 46. The mobile telephone 41 communicates with any server on the Internet and its built-in RF-Piconet transceiver 47 communicate with two Sensors on the Patients body, and with one tabletop device.

A heart monitor 50 senses the ECG with two electrodes 48, pre-analyzes it and stores it on a memory-card 49. It also monitors the breathing rate and breathing volume by breath sensors 52. The measured values are stored and checked for coherence between two normally independent signals. The heart monitor 50 uses the display 42 of the mobile telephone 41 to show to the patient locally his Condition with heart-rate, body temperature, breath rate and breath volume. The mobile telephone 41 transmits further the Condition data over the Internet 53 to the MTMM system and to its Log Manager Module. The heart monitor 50 and mobile telephone 41 may communicate continuously or periodically with each other, or only in case of alarms or exceeding of limits.

A non-invasive blood pressure unit 55 is used only a few times a day, according to the doctor's request. So are many other devices; when ever they are taken out of the pocket and switched on, they automatically search over transceiver 47 the area for an active 'Piconet' to hook on. The RF-Piconet transceiver 47 (like Blue-
5 tooth) offers this type of network, like the wire-bound Ethernet.

A glucose meter 56 might be of the old fashioned strip type. With a built-in RF-Piconet transceiver 47 it will automatically call the MTMM system via the mobile telephone's access to the Internet 51 and will ask for Condition measurement
10 schedules. If it does not have the network capability, the MTMM system will request the Patient via the mobile telephone's display 42 to do a measurement at the prescribed time and to type in the resulting value via the numeric keypad 45 of the mobile telephone 41.

15 It should be clear to the skilled person that instead of mobile telephones 41 also normal telephone sets or PC's with a monitor can be used.

Built-in data conversion modules in the Log Manager Module allow defined alarm and condition data formats to be transferred directly into the database. The
20 Supervisors can assess the individual patients status 'real-time' by calling their mobile phone's "Pico-net" hub.

But also the devices leased and maintained by the Caregiver, by the ambulances and by medical personnel can be called and directed in 'real-time'. The logs of
25 their deployment at the same time are transferred to commercial bookkeeping and invoicing systems within the company offering useful and efficient support not found in other systems.

Standard Hardware and Software

The system is standard-based, running on Windows and Unix platforms. The databases are all relational. The system is also modular. The individual modules can be used independently of one another.

5

The favorite network, fully exploiting the new WAP (Wireless Application Protocol) capabilities, is the worldwide Internet, or an Intranet in large companies, hospitals, nursing home holdings, etc. The mobile telephone can control several sensors and input devices. Bluetooth is the future standard in these "Piconets".

Claims

1. A system for maintenance and management of health care for individual patients comprising

5 a computer system with

a condition monitoring device, in which physiological data measured on the patient is transmitted, entered and stored together with alarm signals and event information of the patient into a Condition Log,

10 a supervision device, in which the alarm signals and event information are assessed and which transmits the alarm signals and event information to care givers involved in order to initiate a corrective action on the patient and to request a report about the corrective action and its results, and in which the reports are stored into a Shift Log, and

15 an evaluating device, in which problems and the patterns of the measurements are evaluated by comparing the problems and patterns with accumulated information in a knowledge database, thereafter selecting appropriate corrective action to be recommended to the caregivers and requesting a report of the caregivers about the corrective action and its results, which reports are entered into the database accumulating and
20 enlarging the knowledge database, and

a communication system connected to the computer system for transmitting alarms and recommendations to a supervisor, who corrects and/or releases the alarms and recommendations, which are transmitted further to the caregivers for taking the recommended action.

2. A system according to Claim 1, whereas the communication system comprises devices for Internet access, especially Internet accessible mobile telephones, PDA's and PC's.
3. A system according to Claim 1 or 2, wherein sensors are provided for measuring the physiological data on the patient which are connected to the communication system.
4. A system according to one of Claims 1 to 3, comprising a Medical Web Site stored in the computer system, which contains a separate database containing all medical data and the medical history of each individual patient, which is accessible by express authorization of the individual patient and/or his caregiver only.
5. A system according to one of Claims 1 to 4 comprising a Personal Health Plan stored in the computer system, containing the doctor's prescriptions for medication, treatments, practicing and lifestyle of the individual patient, a schedule for the monitoring of conditions stored in the Condition Log, the selection of sensors to be used, the threshold values of the physiological data to be monitored and corrective actions, whereas the monitored data, compliance for therapies and the outcome of the therapies are attached to the Plan, which is accessible by express authorization of the individual patient and/or his caregiver only.
6. A system according to one of Claims 1 to 5 comprising a Log Manager Module for monitoring the alarm signals and the event information in the Condition Log and for supervising the reports in the Shift Log.
7. A system according to one of Claims 1 to 6, comprising a Diagnostic Manager Module for diagnosing the condition of the individual patient by means of comparing data stored in expert computer programs containing diagnosis guidelines with the accumulated data of the knowledge database.

FIG. 1

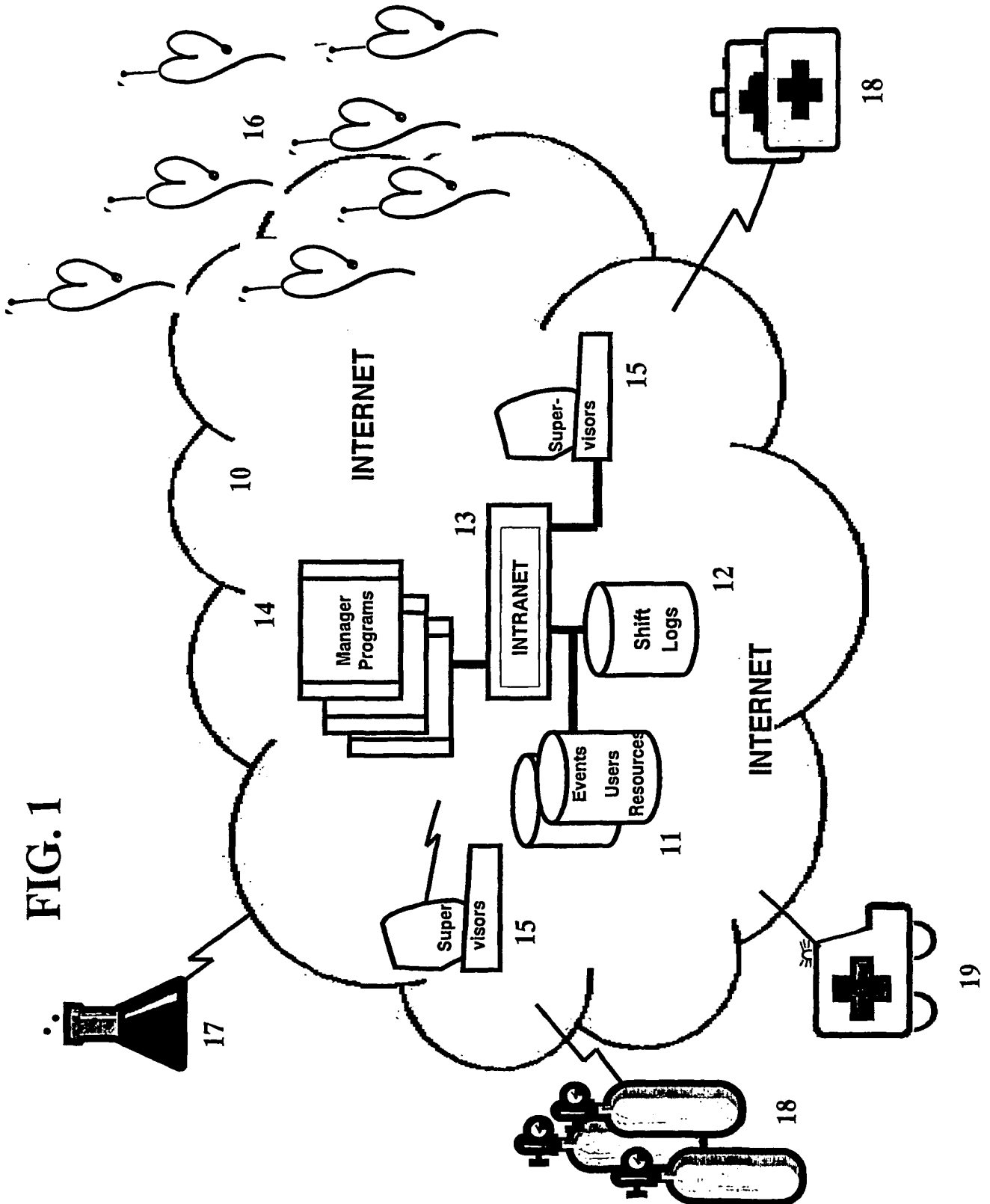


FIG. 2

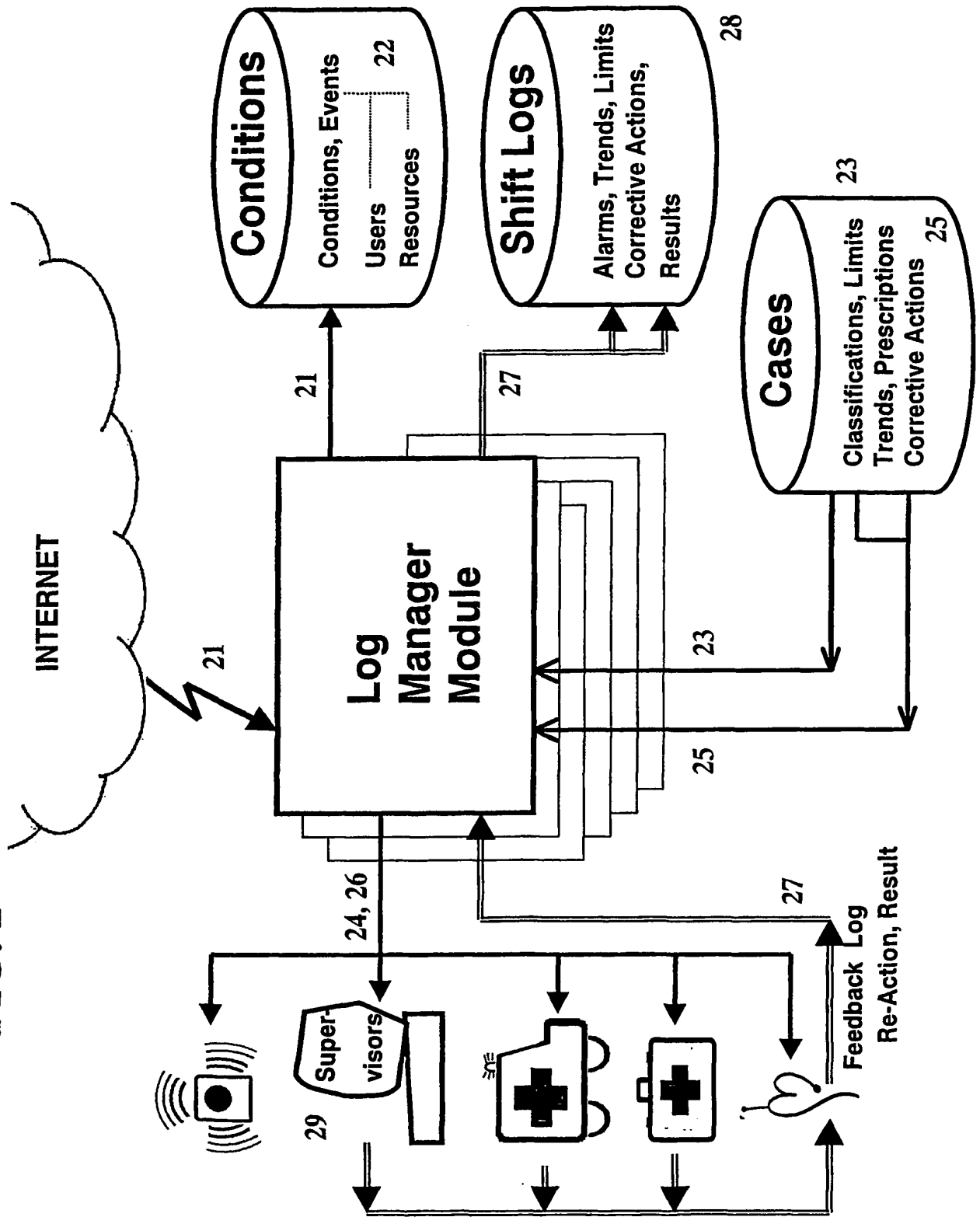


FIG. 3

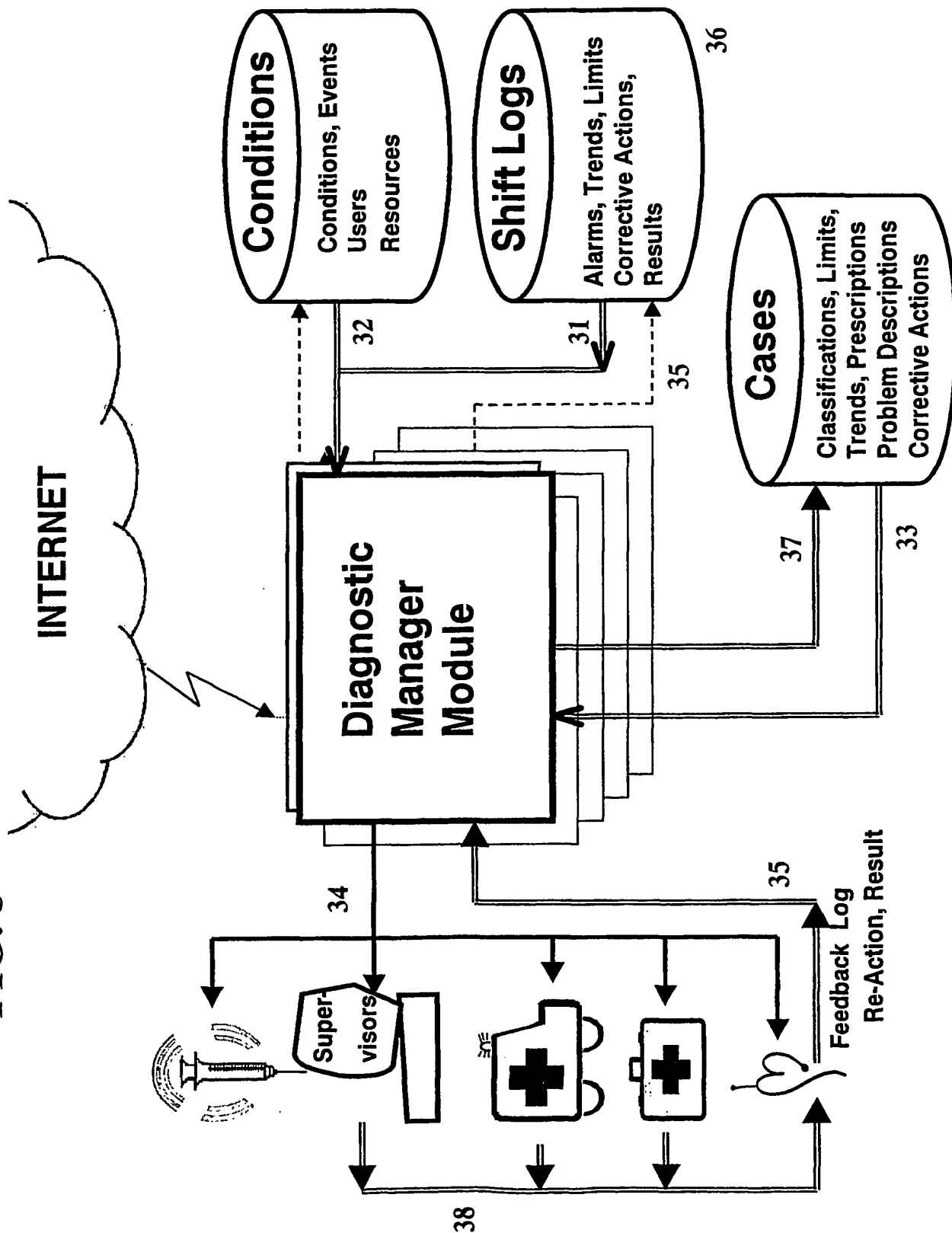
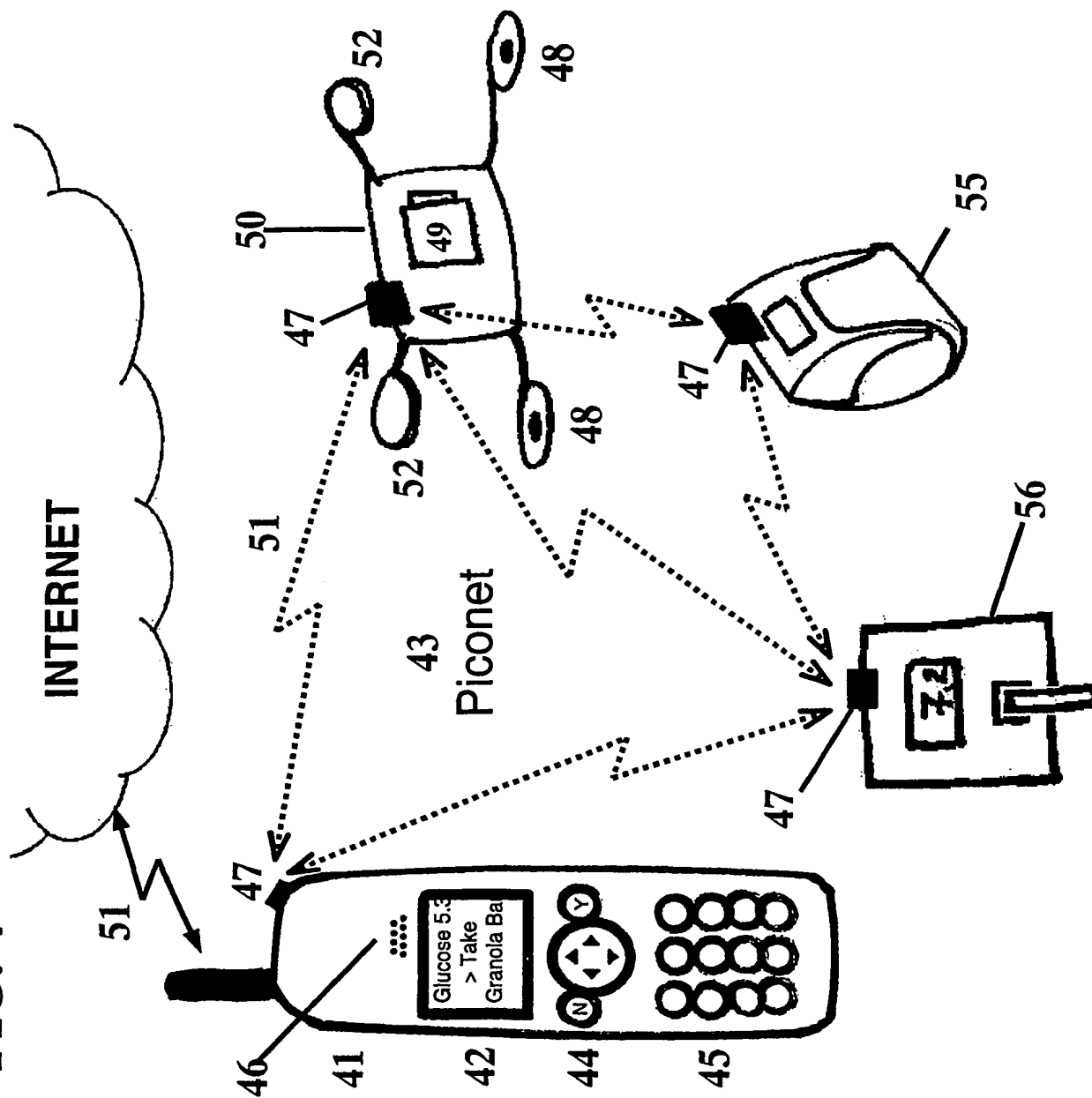


FIG. 4



INTERNATIONAL SEARCH REPORT

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A. CLASSIFICATION OF SUBJECT MATTER
IPC 7 A61B5/00 G06F19/00

According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)

IPC 7 A61B G06F

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practical, search terms used)

EPO-Internal, PAJ, WPI Data

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category *	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
Y	US 5 544 661 A (LONG PAUL V ET AL) 13 August 1996 (1996-08-13) column 1, line 64 -column 2, line 15 column 3, line 22 - line 31 column 8, line 62 -column 9, line 6 -----	1-3,6,7
Y	WO 00 28459 A (STEWART DUANE) 18 May 2000 (2000-05-18) page 8, line 8 - line 15 page 9, line 12 -page 10, line 5 -----	1-3,6,7

☐ Further documents are listed in the continuation of box C.☒ Patent family members are listed in annex.

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INTERNATIONAL SEARCH REPORT
Information on patent family members

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Patent document cited in search report		Publication date	Patent family member(s)	Publication date
US 5544661	A	13-08-1996	NONE	
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